

NOTICE OF CONSENT

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DATE: October 24 2013

Elaine Spellman
SIGNATURE

Elaine Spellman
NAME (Please print clearly)

7320
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

27 Sculpin Way
MAILING ADDRESS

Swampscott, Mass. 01907
CITY, STATE, ZIP

617-750-3944
PHONE NUMBER

*If you want to participate in the settlement of this lawsuit, you must fill out and return this Notice of Consent form no later than **December 5, 2013**. The completed form should be returned by first class mail to the Settlement Class Members' attorney at the below address. For your convenience, a return envelope, postage pre-paid, has been enclosed with this Notice of Consent.*

R. Scott Jackson, Jr.
Attorney at Law
4525 Harding Road, Suite 200
Nashville, TN 37205
615-313-8188

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DATE: 10/24/13

Gerald F McLellan
SIGNATURE

Gerald F McLellan
NAME (Please print clearly)

9600
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

3 Kel-Lor, Dr
MAILING ADDRESS

Salisbury, Ma 01952
CITY, STATE, ZIP

978-388-9488
PHONE NUMBER

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DATE: Oct 24 2013

SIGNATURE Joel Spellman

NAME (Please print clearly) Joel Spellman

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER 3481

MAILING ADDRESS 27 Sculpin Way

CITY, STATE, ZIP Swampscott, MA 01907

PHONE NUMBER 617-750-3933

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DATE: October 23, 2013

Ruth C. Belger
SIGNATURE

Ruth C. Belger
NAME (Please print clearly)

1151
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

94 Clark Street
MAILING ADDRESS

Brockton, MA 02302
CITY, STATE, ZIP

617-791-7755
PHONE NUMBER

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DATE: 10/25/13

Mary Ann Garofalo
SIGNATURE

MARY ANN GAROFALO
NAME (Please print clearly)

2595
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

8 SHILOH COURT
MAILING ADDRESS

CORAM, NY 11727
CITY, STATE, ZIP

631-509-5557
PHONE NUMBER

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DATE: 10/24/13

Chris Collins
SIGNATURE

Christopher Collins
NAME (Please print clearly)

1972
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

151 Smith Ave.
MAILING ADDRESS

Holbrook, NY, 11741
CITY, STATE, ZIP

631-394-1687
PHONE NUMBER

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DATE: Oct. 24, 2013

SIGNATURE Alan Keltz

NAME (Please print clearly) Alan Keltz

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER 9670

MAILING ADDRESS 146 Eagle Hill Ct.

CITY, STATE, ZIP Middle Island NY 11953

PHONE NUMBER 631 924 2044

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DATE: 10-23-13

Christopher R. Jones
SIGNATURE

Christopher Jones
NAME (Please print clearly)

7359
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

178 Pond Street
MAILING ADDRESS

Braintree MA 02184
CITY, STATE, ZIP

(617) 538-1085
PHONE NUMBER

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DATE: 10/23/13
SIGNATURE: [Signature]
NAME (Please print clearly) R. Jeffrey Thompson
4385
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

25 Equestrian Dr.
MAILING ADDRESS
Wallkill, NY 12589
CITY, STATE, ZIP
845-566-0575
PHONE NUMBER

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DATE: 10/25/2013

Angel D. Foiles
SIGNATURE

ANGEL D FOILES
NAME (Please print clearly)

XXX-XX- 9293
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

3 LARISA LANE
MAILING ADDRESS

JACKSON N.J. 08527
CITY, STATE, ZIP

(H) 848-222-4290 (C) 732 621-4076
PHONE NUMBER

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DATE:

10-23-13

SIGNATURE

Veronica Richardson

NAME (Please print clearly)

0861

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

MAILING ADDRESS

465 Commonwealth Blvd

Manchester, NJ 08759

CITY, STATE, ZIP

732-300-4786

PHONE NUMBER

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DATE: 10/23/2013

Cynthia M. Hilgenberg
SIGNATURE

Cynthia M. Hilgenberg
NAME (Please print clearly)

6503
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

3 Constitution Way
MAILING ADDRESS

Frederington, N.J. 08822
CITY, STATE, ZIP

908-310-4713
PHONE NUMBER

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DATE: 10/23/13

Janet Barlow-Bernardo
SIGNATURE

686 Union Ave Apt D-6
MAILING ADDRESS

Janet Barlow-Bernardo
NAME (Please print clearly)

Belleville MS 07109
CITY, STATE, ZIP

9497
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

973-704-6441
PHONE NUMBER

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DATE: 10-23-13

SIGNATURE 

DANIEL J. CASHMAN
NAME (Please print clearly)

9092
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

223 LINCOLN Ave
MAILING ADDRESS

CLIFTON NJ 07011
CITY, STATE, ZIP

201-694-1829
PHONE NUMBER

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DATE: 10/23/13

Diana Abrahamson
SIGNATURE

681 LOCUST AVE
MAILING ADDRESS

Diana Abrahamson
NAME (Please print clearly)

Bohemia NY 11716
CITY, STATE, ZIP

1071
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

(631) 942-0460
PHONE NUMBER

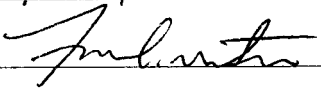
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DATE: 10/23/13

SIGNATURE 

NAME (Please print clearly) FRANK MARTONE

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER 1240

MAILING ADDRESS 29 HESTER LANE

CITY, STATE, ZIP LAKE RONKONKOMA NY 11779

PHONE NUMBER 631-935-2230

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DATE: 10/23/13

Karen A. McKinney
SIGNATURE

KAREN A. McKINNEY
NAME (Please print clearly)

8218
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

3 CEDAR ST APT 1
MAILING ADDRESS

BINGHAMTON, NY 13905
CITY, STATE, ZIP

607-644-5899
PHONE NUMBER

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DATE: 10/23/13
SIGNATURE: [Signature]
NAME (Please print clearly) KAREN J. TATRO
1196
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

2A MERIKEL TERR
MAILING ADDRESS
HOLYOKE MA 01040
CITY, STATE, ZIP
413-536-1955
PHONE NUMBER


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DATE: 10/24/13


SIGNATURE

Pamela A. O'Connor
NAME (Please print clearly)

9488
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

7 HIGHLAND AVE
MAILING ADDRESS

Ansonia, CT 06401
CITY, STATE, ZIP

475-298-5216
PHONE NUMBER

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615-313-8188

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I hereby give my consent to be a party plaintiff in this case and agree to be bound by the settlement approved by the Court in this action. By signing this Notice of Consent, I also agree to release Imperial Distributors, Inc. and the other Releasees, as described in Paragraph 12 of the Settlement Agreement (available through the U.S. District Court for the Eastern District of Tennessee on-line PACER service and the Settlement Class Members' attorneys), from all claims for unpaid wages, unpaid overtime, compensatory or punitive damages, liquidated damages, costs, attorneys' fees, and any other relief under the Fair Labor Standards Act (the "FLSA") and any applicable state laws regarding wages and overtime. This written Notice of Consent is intended to serve as my consent in writing to join in this lawsuit and become a party plaintiff as required by 29 U.S.C. § 216(b).

DATE: 10/23/2013

Carmen Ruiz
SIGNATURE

Carmen Ruiz
NAME (Please print clearly)

6260
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

68 Lori Lane
MAILING ADDRESS

Meriden CT 06450
CITY, STATE, ZIP

203-238-7994
PHONE NUMBER

*If you want to participate in the settlement of this lawsuit, you must fill out and return this Notice of Consent form no later than **December 5, 2013**. The completed form should be returned by first class mail to the Settlement Class Members' attorney at the below address. For your convenience, a return envelope, postage pre-paid, has been enclosed with this Notice of Consent.*

R. Scott Jackson, Jr.
Attorney at Law
4525 Harding Road, Suite 200
Nashville, TN 37205
615-313-8188

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DATE: October 23, 2013

Christopher V. Lancaster
SIGNATURE

Christopher V. Lancaster
NAME (Please print clearly)

1351
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

26 Homsted Lane
MAILING ADDRESS

Hermion, ME 04401
CITY, STATE, ZIP

207-272-2256
PHONE NUMBER

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4525 Harding Road, Suite 200
Nashville, TN 37205
615-313-8188

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DATE: 10/24/13

SIGNATURE [Signature]

Keil D. Kuskey
NAME (Please print clearly)

1647
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

408 Arbor Oaks DR.
MAILING ADDRESS

Summerville, S.C. 29485
CITY, STATE, ZIP

843-276-8896
PHONE NUMBER

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4525 Harding Road, Suite 200
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DATE: Oct. 23, 2013

Brenda Page
SIGNATURE

Brenda Page
NAME (Please print clearly)

2467
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

745 Hudson Rd
MAILING ADDRESS

GLENBURN, Me. 04401
CITY, STATE, ZIP

207-947-8197
PHONE NUMBER

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